

Discover Local Diving Liability Release

Date of Dive: _____

Please read carefully and fill in all blanks before signing.

I, _____ HEREBY DECLARE THAT I AM A CERTIFIED SCUBA DIVER, TRAINED IN SAFE DIVING PRACTICES, AND AM AWARE OF THE INHERENT HAZARDS OF SKIN AND SCUBA DIVING.

I understand and agree that neither the dive professional, _____, the facility through which this experience is offered, O.E. Express, Inc. (OEX) nor International PADI, Inc., nor its affiliate or subsidiary corporations, nor any of their respective employees, officers, agents, or assigns (hereinafter referred to as "Released Parties"), may be held liable or responsible in any way for any injury, death or other damages to me or my family, heirs, or assigns that may occur as a result of my participation in this experience or as a result of the negligence of any party, including the Released Parties, whether passive or active. I understand that diving with compressed air involves certain inherent risks; decompression sickness, embolism, or other hyperbaric injuries can occur that require treatment in a recompression chamber. I further understand that the open-water dive(s) may be conducted at a site that is remote, either by time or distance or both, from such a recompression chamber. I still choose to proceed with such experience dive(s) in spite of the possible absence of a recompression chamber in proximity to the dive site.

I declare that I am in good mental and physical fitness for diving, and that I am not under the influence of alcohol, nor am I under the influence of any drugs that are contraindicatory to diving. If I am taking medication, I declare that I have seen a physician and have approval to dive while under the influence of the medication/drugs.

I understand that skin and scuba diving are physically strenuous activities and that I will be exerting myself during this experience and that if I am injured as a result of heart attack, panic, hyperventilation, etc., that I assume the risk of said injuries and that I will not hold the Released Parties responsible for the same.

I will inspect my entire rental and/or personally owned equipment prior to the activity and will notify the Released Parties if any of my equipment is not working properly. I will not hold the Released Parties responsible for my failure to inspect my equipment prior to diving.

In consideration of being allowed to participate in the experience dive(s), I hereby personally assume all risks in connection with said dive(s), for any harm, injury or damage that may befall me while I am a participant, including all risks connected therewith, whether foreseen or unforeseen.

I further save and hold harmless said experience and Released Parties from any claim or lawsuit by me, my family, estate, heirs, or assigns, arising out of my participation in this experience, including both claims arising during the experience or after I complete the experience.

I further declare that I am of lawful age and legally competent to sign this liability release, or that I have acquired the written consent of my parent or guardian.

I understand that the terms herein are contractual and not a mere recital and that I have signed this document of my own free act.

IT IS THE INTENTION OF _____ BY THIS INSTRUMENT TO EXEMPT

AND RELEASE THE DIVE PROFESSIONAL, _____, THE FACILITY THROUGH WHICH THIS EXPERIENCE IS OFFERED, O.E. EXPRESS, INC., AND INTERNATIONAL PADI, INC., AND ALL RELATED ENTITIES AS DEFINED ABOVE, FROM ALL LIABILITY OR RESPONSIBILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH, HOWEVER CAUSED, INCLUDING BUT NOT LIMITED TO THE NEGLIGENCE OF THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE. I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS LIABILITY RELEASE AND ASSUMPTION OF RISK BY READING IT BEFORE I SIGNED IT ON BEHALF OF MYSELF AND MY HEIRS.

I UNDERSTAND THERE IS A \$50 NON-REFUNDABLE DEPOSIT FOR NO-SHOWS OR CANCELLATIONS MADE WITHIN 24 HOURS AND THERE ARE NO REFUNDS AFTER A DIVE HAS BEGUN. I, THE PARTICIPANT, AM RESPONSIBLE FOR ANY LOST GEAR.

THANK YOU, GOOD DIVING!

Participant Name _____ Signature of Participant _____ Date _____

Signature of Parent/Guardian (where applicable) _____ Date _____

Rental Gear, Size and #:	BCD _____	Reg _____	Wetsuit _____	Hood _____	Tank _____
	Weights _____	Mask/Snorkel _____	Fins _____	Booties _____	Gloves _____
Credit Card # _____	Exp. Date _____				